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Weekly Bulletin

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August Hardest Month For Babies.

Intestinal disturbances take a heavy toll in infants' lives every summer. The Illinois Health *News* has published a comprehensive discussion of the causes and prevention of these deaths. The following extracts are reprinted from the article mentioned:

Why are diarrheal disturbances worse in the summer when health conditions generally are at the best and the general mortality rate is at its lowest seasonal point? Holt says that although impure milk can beyond question cause diarrhea in infants still heat itself has a direct, injurious effect upon the infant and that it is not so much the outdoor temperature which counts as the stagnant heat of apartments in which the infant lives night and day. Rietschel, writing from Berlin, says that the physical action of heat is the main factor in the cause of summer diarrhea. Not only, he adds, does the body temperature rise abnormally, resembling sunstrokes, but also, and more frequently, a lowering of resistance occurs in young infants kept dressed in overheated rooms.

While some of the very best medical minds are of the opinion that heat in itself is an important factor in the cause of summer diarrhea this must not be taken to mean that there are not other and serious factors. Holt says that artificial feeding is a causitive factor of the first importance in summer diarrhea. "Less than 5 per cent," he goes on, "of the severe cases of diarrhea are among breast-fed, and fatal cases among the exclusively breast-fed are really rare, no matter how bad the surroundings or how ignorant the mothers. Breast feeding requires but little experience, and may be very successfully done even by those with a very low grade of intelligence and among the poor; but artificial feeding is not successful unless done with much intelligence and experience and also with good milk."

"Next to the kind of feeding," to quote further from Holt, "as a cause of diarrhea must be placed gross or involuntary neglect or want of proper care. Ignorance and stupidity are large elements in the failure of artificial feeding among the poor. The simplest rules of hygiene are either unknown or ignored. The importance of cleanliness, fresh air, regularity and quiet is not appreciated. Under such conditions an infant, though often strong and healthy at birth, soon falls into a condition of malnutrition or marasmus with such feeble resistance that he readily succumbs to the depressing influences of the first hot weather, the intestinal tract being the most vulnerable point."

After a long and successful experience in Richmond, Va., Levy reached the following conclusions:

"1. Infection from case to case is the most important single factor in fatal infantile diarrhea in the South.

2. Infantile diarrhea being an infectious disease and the infecting organism being thrown off in the bowel discharges, we must by every analogy believe that carriers play an important role.

3. In view of the above, the proper disposal of the bowel discharges of *all*

infants, sick and well, is the most important single measure for the control of fatal infantile diarrhea in the South."

Acting upon these conclusions Levy inaugurated an educational campaign in Richmond that was attended with the most pronounced success in bringing down the number of deaths from infantile diarrhea. For the five-year period preceding this campaign (1907–1911) the deaths from infantile diarrhea averaged 135 per 100,000 population. For the next five years the average annual rate was 77 and for the next three years (the latest figures available) it was 58 with a minimum of 36 for 1919. It must be remembered, however, that in this campaign the instructions relative to diet, preparation of food, clothing, fresh air and other hygienic measures were not by any means overlooked or minimized. The main emphasis was placed upon proper disposal of bowel discharges.

Certainly no plan to prevent any type of summer diarrhea can succeed without strict regard to the food supply. Breast feeding for the first seven or eight months of the infant's life is by far the most successful way to solve the food question for this most susceptible period.

Very few mothers can not nurse their babies at least for the first several months of life. In the few cases where this can not be done artificial feeding must be resorted to. Although there is no real substitute for mother's milk in an infant's diet, cow's milk, properly modified, is the next best food.

It is important that every baby, well or sick, be under the care of a competent physician. In the case of the artificially fed, it is an imperative necessity that the mother have expert medical advice on the complicated and difficult problem of artificial food. Each baby presents an individual problem involving a consideration of age, weight, and physical condition of the infant in relation to the quality, amount and proportion of the different food elements.

The advice of a well-meaning neighbor as to what proved successful with her baby probably will not prove satisfactory for another child.

Diet is no less important to the child after weaning than before. It sometimes happens that a child, by reason of the strength he has gained while at the breast, can withstand rather severe dietary abuse after weaning but this does not mean that he profits thereby. Choice of foods, the amounts given at each feeding, the number of feedings and the regularity of eating are all very important factors in a baby's welfare. This complicated program can be worked out most satisfactorily when the mother has the advice of a competent physician and the cost of having medical advice in advance is really no greater than that frequently incurred later because of poor dietary practice that could have been easily avoided.

It must be remembered that a child is a tender, delicate machine the chief function of which is the transformation of food stuff into bone, muscle and blood. Plainly enough the quality and size of bone, muscle, and blood, as well as the nerve tissues, will depend upon the amount and kind of food that is *digested*. That means, of course, that the right kind of foods must be given in a way that is digestible. It is probably safe to say that there is no problem in child raising that is equal in importance to that of diet in all of its phases.

Scarcely second to the food supply are hygienic measures. The baby must always be kept clean winter and summer. He ought to have a bath every day and sometimes more frequently. In summer time it is essential to keep him cool. A baby who has very light clothing and who spends most of his days out of doors and most of his nights in a well-ventilated room will not suffer very severely from the ordinary heat of summer.

Not only must the baby be clean but his clothing must likewise be clean and changed frequently, especially in summer. His mother or nurse and all the persons who come in contact with him must be clean for the sake of the baby.

Not less important than cleanliness of person and clothing is that of eating utensils and food. Bottles and nipples as well as other wares ought to be sterilized by boiling before each feeding. The baby's milk should always be either pasteurized or boiled and ought to be kept at a temperature not greater than 50° F. until feeding time.

In summing up the means for preventing infantile diarrhea, the following points are emphasized in the order of their importance:

1. Breast feeding, especially in hot weather, is the most important single factor in keeping babies well.

2. The employment of strict hygienic care is the second most important factor. This includes absolute cleanliness of the baby, his clothing, his eating wares and his food. It includes, also, the comfort of the baby, keeping him cool in summer, keeping his quarters well ventilated, giving him plenty of sunshine and protecting him from flies and other insects. It also includes the cleanliness of the mother, nurse and others who come in contact with baby.

3. Artificially fed babies must have a food mixture that is correct.

4. Milk for the baby must be clean and either pasteurized or boiled and kept at a temperature of 50° F. or lower until feeding time. The milk should never be allowed to remain in the sunshine for very long after delivery. It is especially essential to pasteurize or boil the milk and keep it cool in hot weather.

To carry out these measures it is necessary to have the advice and attention of a competent physician and to have the milk supply properly supervised by competent inspectors. It must be borne in mind, also, that the heat of summer is always severe on infants and that they must have very careful attention during that season.

When a baby arrives in this world be begins at once a desperate struggle for existence that is by all odds most severe during his first year. If he can survive the first anniversary of his birth his chances for living through each succeeding ten-year period up to 60 are better than those he ran during the first 12 months. The difficulties which he encounters are not so much the multiplicity of hazards to life, for these will beset him constantly throughout life. They are rather due to his delicate and tender physical condition and of all points of attack for his enemies, his digestive or intestinal system is the most vulnerable. Hence, the importance of protecting against bowel disturbances.

Under these conditions a baby is certainly entitled to the very best care that human knowledge can provide. Fortunately the necessary knowledge to meet most of the normal, practical requirements is abundant and easy to obtain. Literature on these subjects can be secured gratuitously from state health departments all over the country. It may be had also from many city health departments and from numerous private agencies such as the American Child Health Association. The federal government also has literature on this subject for distribution. In addition there are the libraries throughout the country from which both pamphlets and books may very readily be secured. And most available to everyone, it must be added, are the local physicians and, in many places, the public health nurses.

Proper infant care seems then under prevailing conditions, to depend very largely upon the interest of parents and the industry with which they seek, select and apply the medical knowledge that is readily available and which has certainly proved its value.

Detroit Attacks Hay Fever Hard.

Hay fever causes much discomfort to many individuals. The following extract from the *Weekly Health Review* of the Detroit Department of Health, indicates the activity of that department in its efforts to check hay fever:

"Now and a month from now is the time of year when many of us begin to suffer with burning eyes, running noses—that all stuffed up feeling accompanied by sleepless nights—the result of hay fever.

Until very recent years we thought that the only relief was to go away into territory where hay fever didn't exist. True it does help and in some cases it may be almost necessary, but recently science has shown us that in many instances hay fever may be prevented and in the majority of cases the severity of the disease greatly lessened by taking preventive pollen extract treatment before the disease commences.

If you have hay fever you probably know the approximate date upon which the disease starts each year. Go to your physician now and let him commence the pollen extract treatment. The earlier you begin the more likely you are to prevent the disease. Medical authorities state that if inoculations are begun early and continued that about 80 per cent of those treated lose 80 per cent of their symptoms. The treatment probably will save you a lot of suffering. Even if the disease has started the treatment may help you greatly.

The hay fever which we have now is caused by the pollens of the ordinary grasses. The true hay fever of August and September is caused by the pollen of rag weed. You may get hay fever from weeds in vacant lots. If there are any vacant lots in your neighborhood be sure that the weeds are kept out.

This department is very much interested in finding out how much hay fever there is in Detroit and the location of the cases in relation to vacant lots and open fields which may be distribution points for hay fever pollens. If we find that Detroit's hay fever is definitely associated with such places the removal of the grasses and weeds from such fields would be of very considerable benefit to the city.

If you are troubled with hay fever, or if as a private physician you have hay fever patients, this department would greatly appreciate receiving the names and addresses of such persons in order that we may study the incidence and source of infection of the disease."

MORBIDITY.*

Diphtheria.

57 cases of diphtheria have been reported, as follows: Los Angeles 20, San Francisco 8, San Joaquin County 5, Burbank 3, Gilroy 1, Sacramento 2, Berkeley 1, Burlingame 1, Santa Clara County 1, Stockton 1, Mendocino County 1, Plumas County 1, Los Angeles County 3, Vacaville 1, San Jose 2, Oakland 2, Alhambra 1, Palo Alto 1, Lompoc 1, Los Banos 1.

Measles.

28 cases of measles have been reported, as follows: San Diego 7, Los Angeles County 7, Sierra Madre 1, San Francisco 2, Burbank 1, San Diego County 3, Oakland 1, Santa Monica 1, Fullerton 1, Los Angeles 4.

Scarlet Fever.

41 cases of scarlet fever have been reported, as follows: Los Angeles 8, San Francisco 5, Long Beach 2, Venice 1, Fresno County 2, Santa Clara County 2, Stockton 2, San Diego 1, Los Angeles County 1, Pomona 1, Riverside County 1, San Fernando 1, Glendale 1, Lompoc 1, Bakersfield 1, Santa Paula 1, Ventura 1, Kern County 4, Turlock 1, Marin County 1, Fresno 1, Oakland 2.

Smallpox.

48 cases of smallpox have been reported, as follows: Oakland 8, Los Angeles 14, Los Angeles County 8, Redlands 2, San Diego 4, Alhambra 1, Berkeley 1, Colusa 1, Siskiyou County 1, Orange County 2, Lynwood 2, Pacific Grove 3, San Francisco 1.

Typhoid Fever.

30 cases of typhoid fever have been reported, as follows: San Joaquin County 6, Kern County 2, Sacramento County 4, Stockton 1, Ventura County 1, Brea 1, Los Angeles 2, San Diego 1, San Francisco 3, Sacramento 1, Pacific Grove 1, San Jose 1, Los Angeles County 2, Tehama County 1, Imperial County 1, Berkeley 1, California 1.

Whooping Cough.

179 cases of whooping cough have been reported, as follows: Los Angeles 49, Los Angeles County 20, Monrovia 10, Pasadena 15, Palo Alto 14, San Diego 13, Berkeley 6, Stockton 7, Ventura 5, San Francisco 3, Santa Barbara 4, Riverside County 1, San Bernardino 1, Santa Ana 1, Orange County 1, Nevada City 2, Alhambra 3, Santa Clara County 1, Oakland 4, San Diego County 1, Gilroy 2, Tracy 3, San Joaquin County 4, Fresno 3, Santa Monica 2, Sacramento 3, Long Beach 1.

Poliomyelitis.

48 cases of poliomyelitis have been reported, as follows: Los Angeles 18, San Francisco 5, Oakland 3, Fresno 1, Los Angeles County 4, Alhambra 1, Compton 1, LaVerne 1, Long Beach 2, Monrovia 2, South Pasadena 1, Santa Monica 1, Venice 1, Madera County 1, Orange 1, Santa Clara County 2, San Jose 1, Sonoma County 1, Sutter County 1.

Epidemic Meningitis.

Two cases of epidemic meningitis have been reported, as follows: San Diego County 1, Los Angeles County 1.

Leprosy.

Fresno reported one case of leprosy.

Epidemic Encephalitis.

San Francisco reported one case of epidemic encephalitis.

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* From reports received on July 27th and 28th for week ending July 25th.

COMMUNICABLE DISEASE REPORTS.

Disease	1925				1924			
	Week ending			Reports for week ending July 25 received by July 28	Week ending			Reports for week ending July 26 received by July 29
	July 4	July 11	July 18		July 5	July 12	July 19	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	71	71	48	43	109	84	88	40
Diphtheria	83	62	64	57	161	159	180	161
Dysentery (Bacillary)	2	5	0	1	33	0	0	0
Epidemic Encephalitis	6	8	2	1	5	1	1	0
Epidemic Meningitis	1	3	1	2	1	2	3	1
Gonorrhoea	95	90	66	87	46	96	40	68
Influenza	12	5	6	4	3	3	4	4
Leprosy	1	1	1	1	0	1	1	0
Malaria	5	2	3	1	5	1	1	1
Measles	34	34	34	28	132	127	48	50
Mumps	80	83	60	85	40	25	14	26
Pneumonia	36	66	25	25	27	13	28	18
Poliomyelitis	21	25	50	48	4	1	3	2
Scarlet Fever	66	60	44	41	78	58	69	43
Smallpox	63	67	60	48	99	102	83	76
Syphilis	179	70	110	108	82	150	62	134
Tuberculosis	215	135	137	142	158	156	241	115
Typhoid Fever	22	21	22	30	29	37	37	28
Whooping Cough	168	244	158	179	37	69	66	53
Totals	1160	1052	891	931	1049	1085	969	820

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